Reviewer’s report

Title: "From resistance to challenge": Child health service nurses experiences of how a course in group leadership affected their management of parental groups.

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Reviewer: Yvonne Hauck

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It would be useful for an international audience if the context of parental groups in Sweden could be clarified: are they offered to all parents or first time parents only? When do the parental groups commence after the birth (within the first 3 months or anytime within the first year)? How are parents made aware of these groups? Do the groups include mothers only or mothers and fathers? Line 1 page 1 under background - what is a ‘closed group’? How many parents are enrolled in each parental group (i.e. 5, 10, 20)? What do the parental groups offer (i.e. guest speakers or discussions on infant feeding and/or sleeping concerns)?

From Figure 1 it is apparent that this study included a mixed methods approach (pre and post intervention design that included a qualitative component 5 to 6 months post intervention). Although a citation is included for the results of the quantitative component (pre and post design) it would be useful if the key findings could be summarized (line 16 page 2 under intervention). The statement that nurses found the course to be relevant and useful is very general. However, what variables were measured in the baseline questionnaire and then immediately after the course (i.e. confidence, knowledge, leadership skills)?

If there are about 400 CHS nurses working in the study area then why were only 56 nurses offered the course? Was there a rationale for the numbers who could attend the course (i.e. financial limitations). Line 9 under ‘fulfilling the gap of knowledge’ the quote suggests that not all nurses were offered the opportunity to complete the course (quote - on my unit there were four who got to go and one who didn’t). Do all CHS nurses conduct parental groups? If not, then were only those who do conduct parental groups offered the opportunity to attend the course?

What was the rationale for 'drawing' 37 nurses from the 56 who attended the course to participate in the focus groups? This resulted in 16 declining whereas 19 not been given the opportunity to share their experiences. Usually a purpose sample is sought and all participants who meet the criterion are invited knowing that not all will accept the opportunity but no one is being declined the opportunity to share their experience if they wish.

Line 14 under data collection - what additional themes were to be covered during the interviews? Does this refer to 'prompt questions' rather than themes because the data analysis generated themes and categories? It is important that these were not pre-determined suggesting a bias. Line 21 also uses the term 'themes', perhaps 'topics' might be more appropriate.
How was informed consent obtained for the focus groups? A statement is made that written consent was provided before the study for the pre and post intervention design but the focus groups included the qualitative component conducted 5 to 8 months later. Did all participants agree in the original consent form to participate in both the quantitative and qualitative components?

Data analysis - was data saturation achieved?

Line 10 under results - "There was a lack of interest and reluctance expressed by the CHS nurses before they attended the course…." And the overarching theme is labelled "from resistance to challenge". Where was the data for this theme captured and analysed given the interviews were five to eight months after the course? How can you justify this overarching theme from the interview transcripts if this was only reflected in the baseline questionnaire? Alternately, did the nurses specifically refer back to their feelings before the course during the focus groups to justify this overarching theme?

Line 3 under 'forming my own leadership' the nurses moved the focus of attention from themselves to the parents who were encouraged to be more active. This statement appears to contradict with line 12 under 'taking command' where the nurses "prepared a structure for the session and made sure that rules and agenda for the group were developed and communicated". This example doesn't reflect encouraging parents to be more active but appears very directive. Perhaps another example can be offered that demonstrates how the nurses were responsive to parental needs?

Line 13 under 'feeling coherence' - what were the difficulties that nurses shared around managing the parental groups? How did the course assist the nurses to address these difficulties?

Line 6 under 'feeling confident' - .....variety in the achieved tools…… can you clarify what these tools were? Perhaps offer an example?

Ine 6 under 'feeling respected' - please clarify if this respect was from the people conducting the leadership course, their colleagues and/or the parents. The quote provided suggests that it was during the course so how has this continued given the interviews were 5 to 8 months later?

Line 17 under 'Discussion' refers to the participation of families in parental groups. I would suggest that a recommendation for future research into this area is warranted. If 51% of families decline participation in parental groups (cited that 49% [range 32 to 79%] chose to participate) then future research could follow up all parents who have been offered parental groups and declined to participate with an online survey to explore their reasons for not attending. Why are there such differences in participation (given the wide range)? Important to 'hear the voice of parents' to determine what they want from parental groups and how improvements can be made to better meet their expectations and needs.

Line 1 under Discussion (second page) .....After the course, the involvement of the parents had become central to the nurses course and tools were …….. please reword as this is confusing given the course has been completed. Finally, what tools are you referring to here?
Line 5 under Discussion (second page) Information provided under the Intervention section suggests that the course focused upon knowledge and self-reflection on the group leadership role. Therefore, were components around facilitating involvement and socialization plus manage group dynamics also included in the course as this isn't obvious in the categories or subcategories? Is this point being raised in the discussion as a recommendation to include in future leadership courses?

Under 'methodological consideration' it is important to note as a limitation that not all CHS nurses who participated in the leadership course were invited to share their opinions/experiences in the focus groups as a 'draw' was conducted. A comment is made around the conducting of the fourth and fifth focus group to confirm experiences. Is this 'member checking' and/or 'data saturation'? The sample in a qualitative study is not expected to be representative of a population. Findings cannot be generalised, however, the term transferability can be considered as the readers determine how transferable the findings are to their context (refer to a definition of transferability in qualitative research).

The aim of the leadership course was to increase the CHS nurses knowledge, promote self-reflection and strengthen their skills in group leadership. Therefore line 15 under 'clinical implications' doesn't apply to these findings as the aim of the course wasn't to find new ways to attract parents to parental groups. As noted above, further research could be recommended to listen to what parents want and expect from parental groups which could attract parents.

Many references in the reference list do not include the volume, issue or page numbers

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If not, please specify what is required in your comments to the authors.

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