Reviewer’s report

Title: Challenges and opportunities for healthcare workers in a rural district of Chad

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Reviewer: Kenneth Maes

Reviewer's report:

This paper presents a dismal picture of the work conditions experienced by nurses in one primarily rural district in Chad. The complaints offered by the nurses, along with the contextual details provided by the authors, are on the one hand reminiscent of situations across low-income countries and on the other hand strikingly appalling.

My main suggestion is that the authors need to be clear about what new knowledge their study offers - beyond knowing about nurses in one district in Chad. The set of issues covered and the recommendations made are nearly entirely predictable. To be more relevant to a broader audience, the paper needs to tell us something we do know already about the situations faced by health workers in low-income countries more generally, and/or the ecological factors and processes that produce these appalling situations and work conditions. In order do this, there is a need to not just cite research from other places, but to compare and contrast findings and offer some interpretations about what leads to these different outcomes. The authors begin to do this in the discussion section (p. 16), when they write:

Interestingly, inadequate salaries and lack of incentives, dominant demotivation factors in 385 other studies [12, 20-23], seemed less of a priority concern to Chadian nurses, with only two 386 nurses expressing financial difficulties and the desire for adequate financial recognition of 387 their work, spontaneously, but all of them stressing concerns about quality of patient care 388 with available means and their working conditions.

Using this finding as an example, the authors should say more about why this difference emerged. Perhaps the sample size was just too small. Or perhaps there is something else going on. The authors need to do some of this analysis.

There is also a need for more information on Chad's health system, including its financing, and how these have evolved in recent years, identifying important factors shaping this evolution. By
providing a richer analysis of the national context (including the international funding stream), the paper can be more relevant to readers with interests beyond Chad.

Other comments:

Page 8 line 178. Health centre nurse 1 said, "they'll say you are lazy." I would like the authors to further explore and interpret this comment. Who is the "they" in the mind of this nurse? Is this concern about being seen as "lazy" something that other researchers have reported in other health systems? If higher level staff, policy makers, and/or donors have this view of ground level nurses, this would seem to be a major barrier to better supporting the nurses. Thus this comment needs more analysis. It might lead to a specific recommendation that such discourses of "laziness" need to be understood and dispelled. One way to help dispel these discourses is to communicate the findings of research focused on the nurses' job conditions and complaints. But that is probably not a recipe for a sufficient and effective intervention. There may be a need for more intentional dialogues between these different ranks. The authors begin to make this argument in the discussion (p. 17). I think the authors should go further.

The paper mentions a health services strike but does not explain it, even though it is clear that the strike is having an impact on health services and on the researchers' ability to obtain participants for interviews. What gave rise to this strike? Why weren't more of the nurses targeted for this study involved in the strike? How might that help us understand the paper's findings? There is definitely a big need for research into how strikes impact health services, and vice versa. While this is beyond the scope of this particular paper, the authors could and perhaps should still recognize in the paper the need to pay more attention to nurse / health worker strikes.

The paper mentions that some of the nurses interviewed were men and some were women. However, gender-based norms and challenges are never mentioned let alone analyzed in the paper. The authors should engage with the literature on gender and low level health workers, and consider discussing the importance of having both men and women practicing as nurses in this part of Chad.

I feel that the section on "traditional practices and beliefs" should not be included in this paper. I believe this section can have the unintended impact of placing blame on marginalized people for the poor quality of the health system, and it distracts from the glaring problem of poor work conditions experienced by nurses. Yes, the 'traditional' beliefs and practices of the local people are part of the work conditions experienced by nurses, but it is clear that the most important problem at this point is not local beliefs but rather the appallingly under-resourced hospitals and health centers. If the health system was well financed, one thing that the nurses could do better, with community-health workers for example, is bridge the divergences in biomedical and local beliefs (perhaps this could be the topic of another paper). But they could also do much more than this, starting with filling in the massive gaps in basic resources needed. For this paper, I
suggest dropping the section of people's beliefs and practices and using this space to address my comments above.

In the "implications for health facilities" section (p. 17-18), the authors have a number of bulleted questions. I think this is not the best use of space for this article. The discussion section of the paper should focus more on interpreting and explaining the findings of the paper.

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