Reviewer’s report

Title: The importance of power, context and agency in improving patient experience through a patient and family centred care approach

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Reviewer: Claudia De Freitas

Reviewer's report:

The manuscript "The importance of power, context and agency in improving patient experience through a patient and family centred care approach" focuses on a relevant issue. However, the Introduction section could use further work, there is little novelty in the results and the discussion does not engage sufficiently with the existing literature. The Methods section also needs revisions.

The manuscript "The importance of power, context and agency in improving patient experience through a patient and family centred care approach" focuses on the topic of patient experience improvement how power, agency and context act to enable or constrain it. While this is a relevant topic, the paper could be strengthened by taking on revisions along the lines suggested below.

Introduction

Given the centrality of power and agency in this manuscript, it would be useful to have a more thorough theoretical review of these concepts and to provide some examples of how they may shape patient experience, not least by enabling or constraining patient and public involvement. Moving the sub-section "Realist Social Theory" up from the Methodology to the Introduction could help achieving this.

Although the authors are right to state that several PPI models fail to address issues of diversity, inclusivity and power, our modified participation chain model has attempted to critically address these issues and to identify the factors enabling involvement in health care by minority groups who have been traditionally excluded from the participatory arena (ref. below).

As the research question is very much centred on staff teams, it would also be important to expand further on the issue of staff experiences, how these are influenced by power relations, structure and individual agency and how, in turn, those may influence patient experiences namely by facilitating or constraining the implementation of patient and family centred-care.

In light of the importance of issues related to service organisation it would be helpful to provide information about two care pathways under study, the type of patients who are most likely to endure stroke and hip fracture, and the composition of the services where they are cared for.

Methodology

It is not clear when observations took place, by how many researchers, for how long, and how data was registered and included into the overall data analysis.
It would also be important to detail how many participants took part in each of the focus groups, what were their professional backgrounds, how many moderators were involved, how long did they last and how was data registered. Concerning the interviews, it would be important to detail whether the interviewer was the same as the one undertaking observation and the focus groups, and their average duration. Perhaps having a table with participants' socio-demographic characteristics could help to get a better grasp of the sample, both regarding the staff and the patients and relatives included in the study.

What determined the discontinuation of data collection? And how was the quality of the findings ensured?

Findings

Although the authors refer to the occupation of most of the participants they cite, it would be helpful to have citations matched directly to specific participants (for example defined by occupation and a number, or classified according to their relationship to a care pathway and a number). This would enable readers to assess the range of views on a specific topic and to understand how particular groups of participants may identify more or less with a certain issue. For example, although 19 patients were interviewed and five focus groups were held with 14 patients and 8 relatives, there's is only one citation by one patient in the Findings section and none from relatives. So there seems to be a wealth of empirical material that has not been shared and which could make Findings more interesting and robust.

The Findings report on the role played by context in facilitating or constraining a good patient experience. However, the issue of agency is underdeveloped and the issue of power could be more substantively illustrated by citations directly addressing power struggles and disempowerment.

There is no mention to findings emerging in connection to the participatory action research approach.

It is not clear how information from observations may have been included in the Findings.

Discussion

The Discussion could benefit from more critical engagement with the existing literature about power and agency in connection to patient experience improvement. At times, it feels as if the Discussion is still adding to the Findings. For example, it is stated that "staff also saw themselves as patient advocates" though this is not clearly reported in the Findings section. It is also stated "patient empowerment has not translated into patients' everyday experiences". This statement would need to be supported by some citations from patients showing how they may have felt constrained (and by what) in exerting agency and having a say in their care.

It is not clear what the purposes of the partnership between researchers, lay members and staff were and what achievements they enabled. It would be helpful to describe in greater detail how that partnership can be fostered and how less powerful groups may benefit from inclusive participation.
In order for the advantages inherent to the use of a multi-methods approach to be more evident, it would be necessary to clarify what sort of information was gathered through each of the methods used and how it was triangulated.

Sentences starting in lines 441 and 457 are too similar.


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