Author’s response to reviews

Title: Using Participatory Learning & Action (PLA) research techniques for inter-stakeholder dialogue in primary healthcare: An analysis of stakeholders' experiences

Authors:

Tomas de Brún (Tomas.debrun@nuigalway.ie)
Mary O'Reilly - de Brún (mary.oreillydebrun@nuigalway.ie)
Evelyn van Weel - Baumgarten (evelyn.vanweel-baumgarten@radboudumc.nl)
Nicola Burns (n.burns1@lancaster.ac.uk)
Chris Dowrick (cfd@liverpool.ac.uk)
Christos Lionis (lionis@galinos.med.uoc.gr)
Catherine O'Donnell (Kate.ODonnell@glasgow.ac.uk)
Frances Mair (Frances.Mair@glasgow.ac.uk)
Maria Papadakaki (mpapadakaki@yahoo.gr)
Aristoula Saridaki (asaridaki@med.uoc.gr)
Wolfgang Spiegel (wolfgang.spiegel@meduniwien.ac.at)
Chris van Weel (chris.vanweel@radboudumc.nl)
Maria van den Muijsenbergh (maria.vandenmuijsenbergh@radboudumc.nl)
Anne MacFarlane (Anne.MacFarlane@ul.ie)

Version: 1 Date: 13 Oct 2017

Author’s response to reviews:

Answers to the reviewers and EDITOR DECISION - MAJOR REVISION

RIAE-D-17-00015

Using Participatory Learning & Action (PLA) research techniques for inter-stakeholder dialogue in primary healthcare: An analysis of stakeholders' experiences Tomas de Brún; Mary O'Reilly - de Brún; Evelyn van Weel - Baumgarten, Ph.D, M.D.; Nicola Burns; Chris Dowrick, Prof. M.D.;
Dear reviewers and editor,

Thank you very much for the opportunity to submit a revised manuscript, and thanks to you and the reviewers for the valuable comments that enabled us to improve our paper.

Below, we provide a detailed answer to all comments raised, starting each of our answers with AA (Authors Answer). The pages refer to the revised paper, with line numbers, where new text has been marked yellow.

Reviewer reports:

Reviewer #1: This paper fills a real gap in terms of providing concrete examples of how PLA can facilitate dialogue, and the evolution in relationships leading to collaborative work. Overall, it was a really interesting read and I only have a few comments.

1.1. 'Qualitative speed...' missing words or incomplete sentence? Cross reference to box with definitions of terms?

AA1.1 : Indeed this seems confusing; on page 10 we have completed the sentence and clarified the range of data sources by adding (a) (b) and (c) to indicate them, followed by the remaining data sources (charts etc). We hope this is helpful. The new text reads as follows:

“During Stages 2 and 3 fieldwork, data were generated about stakeholders’ experiences of using PLA techniques to support inter-stakeholder dialogue. A range of data sources provided information for this evaluation of experiences:

(a) qualitative speed evaluations of the sessions (minuted or audio-taped and transcribed)

(b) stakeholders at the Irish site completed an in-depth participatory evaluation which provided rich data,

(c) augmenting briefer speed evaluations researchers at all sites completed extensive post-fieldwork ‘team reflection’ interviews, either face-to-face or by Skype. These included in-depth data from researchers’ perspectives about stakeholders’ experiences of inter-
stakeholder dialogue. The team interviews also documented researchers’ reflections on practice as researcher-catalysts (see Box 1) who facilitated inter-stakeholder dialogues. These interviews were audio-taped and transcribed

research teams completed information-rich fieldwork reports, consistently using the same template, containing qualitative evaluation commentaries. Fieldwork reports and team interviews contained explicit questions designed to evoke rich data about both positive and negative experiences, and potential improvements that might be made. Email correspondence describing researchers’ reflections on transformative moments provided additional data.”

1.2. The data analysis is very clearly described. The references for this approach (Cornwall, Gaventa, Cargo, Chambers) all discuss positive and negative interactions - but readers who are less familiar with their work might benefit from a brief description of these. It looks like you may have used these authors as a preliminary framework but the process as described appears inductive. Can you explain a bit more how the authors were used.

AA 1.2 pg 10, 11

We provide, as suggested, a short description:

“Collectively, these authors identify positive aspects of stakeholder engagement in terms of active inclusion of stakeholders, building trust and rapport, supporting collaboration/collegiality, promoting shared and enhanced learning and balancing asymmetrical power-relations among stakeholders. They also identify ‘negatives’ – for example, exclusion/passivity, researcher-controlled process, and stakeholder powerlessness. The ‘start-list’ of codes developed, via repeated readings of researcher and stakeholder data sources, into a final list of thirty-three codes.”

1.3 In the analysis, the quotes in level 2 and level 3 relate really well to Table 1 Levels of Dialogue. In Level 1 there are quotes directly linked to trusting relationships in a safe space, but the links between quotes and themes B) Collegiality and collaboration and C) Balanced asymmetrical power relations aren't as apparent. Can these be made clearer?

AA 1.3 To emphasise the link between quotes and themes more clearly, as suggested, we have now added specific terms to the lead-in sentences to groups of quotes. These terms match those used in the Levels of Dialogue Table. The additional text is ‘collaborate’, and following this, additional text: ‘collegial and collaborative manner; this helped to balance asymmetrical power-relations’. Pg 12, Pg 13
1.4 Negative experiences are reported but were there any data to explain why these happened, or how they could have been mitigated? I ask because this is a new approach with general practices and people reading the article might be put off by the issues related to time commitment. For example, GPs had to adjust to the time commitment - was there any discussion at the beginning of the project related to the amount of time usually involved, in order to help set expectations? Who set the original timeline for the project, was it researchers with funders or were stakeholders involved in the proposal process? Did researchers have any reflection/discussion on how to facilitate or get group involvement in moving the project along? Why was there such a heavy workload for researchers; did it relate to using new skills of PLA, for example, or decisions made during the project to do more exploration and facilitation than originally planned? Is there anywhere in the article where there could be some consideration how the potential benefits when people commit the time - this isn't coming out clearly at the moment.

AA.1.4 The negative experiences reported on one hand related to external factors that inhibited the implementation of the new ways of working, like the lack of financing for interpreter services in Greece. How and why this happened has been reported in a different paper (Teunissen et al 2016)

Concerning the time commitment involved in the PLA-guided research process, participants were informed about this and agreed to it at the outset. We have added information on this in the methods section, under recruitment p 8,

“The extensive nature of participation in terms of the number of months anticipated for fieldwork and the intention to have 2-3 hour PLA sessions at regular intervals was discussed explicitly during recruitment.”

And in the same section, Pg 9 after the training program:

“The extensive nature of the time commitment for stakeholders and researchers was known at the outset and was explicitly discussed during recruitment and consortium meetings respectively. This issue was re-visited during consortium meetings which were held every 6 months in order to be responsive to emergent challenges. However because of the participatory nature of PLA it was not possible to predict precisely at the start how much time would be needed.”

As time commitment turned out to be a challenge for many healthcare professionals, we reflected on this in the Discussion section as follows: p 21
“Two of the three negative themes identified (time commitment, workload/research fatigue) are important issues for careful consideration in future PLA projects. In RESTORE, we provided clear information at the outset, on-going reflection on the process and support for the workload. Nevertheless, the time commitment, as it evolved, became challenging for both clinical stakeholders and researchers. However, we have noted that, overall, those involved thought the time commitment was worth it. For future PLA projects, wherever funding, bureaucratic and/or other circumstances allow, we recommend extensive collaborative discussion between representative stakeholders and researchers at the very earliest stages of project design to develop and discuss ideas for managing time, acknowledging ‘upfront’ that the organic and iterative nature of a PLA project may affect this, and agreeing (as we did in RESTORE) that alterations in timeframe will be negotiated and re-negotiated where possible.

We noted that, bar the experienced practitioner/trainers at the Irish site, RESTORE researchers were new to the use of PLA (pg 12, )and to clarify how they were supported, we have included the following text in our Discussion section pg 21, which follows on from the previous piece of amended text:

The critical importance of the researchers as catalysts and facilitators of participatory behaviour in research settings is clear. This was skilled work and the researchers were trained by two of their group who already had the skills and knowledge. Further, there was a continual learning feedback loop into the researcher group from the fieldwork as to application of the methodology. A key question, therefore, is how participatory learning and action can be replicated without those skills and without the funding to support their purchase? Arguably this question is about building capacity in the academic primary care community for PLA research. Also, it is about advising that PLA research is not undertaken by those without the necessary skills set, no more than a randomized controlled trial would be conducted without the required skill set.”

1.5. There are several mentions of PLA contributing to implementation and being unable to realise implementation. Was the PLA process aiming to implement something, and if so, how does PLA contribute to the process of implementation? I'm also wondering if uptake was low over the short term, or over the longer term. Did people expect to see an immediate uptake of the service?

AA 1.5  Pg 2

This paper discusses the ability of PLA to lead to effective inter-stakeholders dialogue in the context of an implementation project; it was not aimed at the implementation process itself, as noted in the abstract:
“Our research question was: "Does the application of PLA lead to meaningful engagement of all stakeholders, and if so, what elements contribute to a positive and productive inter-stakeholder dialogue?"

And in the methods section, Pg 7,

“Therefore, our focus in this paper is on our use of PLA as a methodology and range of techniques used to engage stakeholders in inter-stakeholder dialogue as they undertook parallel, but distinctive, implementation journeys.”

Details of the implementation process and outcomes are reported elsewhere (de Brún, 2016; Lionis 2016; Teunissen 2017). We have added this information to the text under method, pg 7,

“Details of the implementation process and its outcomes are reported elsewhere (de Brún et al, Lionis et al and Teunissen et al) and these analyses highlight the central role that the PLA methodology had on both process and outcome.

Discussion

1.6 Is there any literature related to your negative findings?

AA 1.6 Indeed, our negative findings resonated with previous research. To clarify this, we have added the following sentence to the Discussion section, pg 19,

“..the challenges of clinician engagement in primary care research in general, in particular related to the time involvement, is well documented84 and our experience was similar in that regard.

And further pg 20,

Negative experience related to policy circumstances that could not be influenced by the stakeholders are similarly reflected in the literature (REF).

1.7 Can some detail be added to the following sentence be changed to give some idea of how your work is actually related to the 2 authors cited. "Interestingly, we observed that clinicians who were engaged gave a time efficient way ( for further details see Lionis et al. 2016 and Teunissen et al.)"

AA 1.7 Pg 19

To make clear that the cited authors were involved in the same project, and these publications are about the same project, we changed the sentence as follows:
Interestingly, we observed that clinicians who were engaged gave more time than they thought they could, and were willing to explore creative ways of being involved in a time efficient way (we described this in more detail in Lionis et al. 201657 and Teunissen et al.)75

1.8. Small point: Would it be more accurate to say that the mode of engagement might be appropriate and productive - rather than 'transferable'.

AA 1.8:

‘Mode of engagement’ (defined in Box 1) includes the essential attitudinal disposition a researcher/catalyst adopts to promote participation, learning and positive action by and with diverse stakeholder groups. As the researcher is the essential ‘research tool’, his/her mode of engagement with stakeholders and facilitation of PLA techniques (or material practices) are not truly separable; therefore, as a ‘package’, mode and techniques are all transferable.

Reviewer #2: This is a really interesting paper that puts to the test, in a range of European countries, participatory approaches to researching with people. The 'test' as articulated by the researchers is to understand whether the application of PLA leads to meaningful engagements of all stakeholders and to learn about which elements of PLA contribute to positive and productive stakeholder dialogue.

I would suggest that there are a number of issues that need to be addressed in the body of the paper to help with clarity of terminology and conceptually underpinnings and to allow the reader to understand what occurred, (what actually happened - the methods/process of the research) and how it led to stakeholders being able to engage in a positive/meaningful way.

Clarity issues

2.1.To make sense of the whole paper the authors need to consider what they mean by the term 'meaningful' in their question. What would be indicators of 'meaningful' engagement in the context of PLA? This is needed to understand how the authors came to the 'Optimal components of a PLA inter-stakeholder dialogue' discussed on p 14.

AA 2.1 We agree this is essential information. Therefore, we have explicated this in the text (Pg 4) as follows: “... the inclusion of stakeholders as active participants, collaborators and contributors to many aspects of research activity (meaningful engagement – see Box 1). 18-26

And for clarity, we have changed the word ‘involvement’ to ‘engagement’, and we refer the reader to Box 1 for our full definition of meaningful engagement.
2.2. The terms methodology and method are used somewhat interchangeably yet they have very particular meanings in relation to the positioning of participation in health research (for instance, see the Position Paper on Participatory Health Research written by members of the International Collaboration for Participatory Health Research www.icphr.org - of which I am a member and I can see there are members amongst the authors).

In the Plain English Summary the term participatory methods is clearly used. Participatory methods can be set within a research design that does not have a central participatory methodology. As such I remain unsure how PLA was positioned in this research. My sense from what is there is that it was more of a method, even if a widespread method) than a methodology (I struggled to see the participatory element of the approach to data analysis for instance). If so, that needs to be articulated (or of course the converse!) and that would strengthen the papers claims for knowledge.

AA 2.2

To help clarify the ‘positioning’ of PLA in the reported research, and to show the extent and centrality of the PLA methodology in the fieldwork phases of RESTORE, we offer the following to the reviewer. We also refer the reviewer to Point 2 in the ‘Limitations of the study’ as an example of our awareness that there were aspects of the study where a participatory methodology was not fully realised or employed; our new Box 3 may also help to illustrate the methodological approach.

Yes, indeed, the distinction between ‘method’ (i.e., the tools, techniques, material practices used to generate research data) and ‘methodology’ (i.e., a framework for approaching a research issue, including the rationale and philosophical assumptions that underlie the approach to the study, the particular worldview (paradigm) involved, and the epistemology – way of knowing – that informs the strategies of enquiry and methods to be used in the study) is an important one. In this paper, we describe PLA as a participatory methodology, firmly based in emancipatory and action research paradigms; this perspective informed our study, most particularly in the emic approach (adopted from cultural anthropology) inherent in the actual research methods used throughout the three key fieldwork phases of the study involving migrants and other stakeholders, from which we drew the data assessed in this paper. In terms of clarity regarding ‘positioning’, and in line with the ICPHR Position Paper 1, we acknowledge that the goal of a participatory methodology is to ‘maximise the participation of those whose life or work is the subject of the research in all stages of the research process, including the formulation of the research questions and goal, the development of a research design, the selection of appropriate methods for data-collection and analysis, the implementation of the research, the interpretation of the results, and the dissemination of the findings.’ In RESTORE, as with many projects, we achieved many but not all of these goals; for example, academics designed the basic overall research proposal, but that
proposal clearly emphasised that the inter-stakeholder dialogues involving diverse stakeholders (migrants, healthcare professionals, interpreters, policy planners etc) in each country would be the key locus of the locally-based ongoing co-design, co-generation and co-analysis of data leading to unique implementation journeys. In other words, from fieldwork through to dissemination at national and international conferences, we believe we achieved core goals of active inclusion and meaningful engagement, and we report this elsewhere (Ref 59). We are careful to point out, in our ‘Limitations to the study’, that our thematic analysis was conducted after the RESTORE project ended. This was not our choice but a circumstance of the project timeline, and precluded us from incorporating stakeholders’ evaluation criteria into the analysis, as we would prefer and normally do; however, working with stakeholders’ own language and terms (derived from the data) enabled us to access the emic dimension of their experiences, and provided valuable pointers for identifying appropriate evaluation criteria, analytical codes and themes, and supported interpretation of findings.

2.3 The term PLA is described conceptually but the design process is not clearly articulated in a way that enables the readers to understand what happened. What did the inter-stakeholder dialogue look like? What was it about the various methods, the participatory evaluations, interviews and researchers' fieldwork reports that merited the term participatory rather than qualitative research with stakeholders. Without knowing more about the practice the pathway to the findings is hard to see and the results section is not well grounded. To understand what people are saying about inter-stakeholder dialogue it is necessary to understand what they have been part of. What is it? For instance, that AUST, SH 01 GP so appreciated, what is the 'this' that they have never done before and what is the way they have done it now? Whilst the authors note that each research site implemented the dialogue in different ways, the underpinning factors/shapings/principles that link the practices, that make it PLA, need to be articulated.

To help know what PLA looked like I wondered if Figure 1 could be worked a lot harder - Perhaps being used to provide a more detailed representation of the project as a whole.

AA. 2.3 The RESTORE overall design process was complex and this paragraph already refers to two companion RESTORE papers (pg 7, ref 56 & ref 53 as provided here) for details of same. Box 2 provides a practical description of the PLA techniques used, their aim, rationale and expected output. Fig 2 describes the structure of the inter-stakeholder dialogue: (i) broad phases and timeframe of the project (ii) 3 stages of fieldwork, including tasks involved (iii) PLA methods used, and (iv) levels of inter-stakeholder dialogue.

We have added a new Box 3 which provides a concrete example of a PLA inter-stakeholder session, drawn from the Irish site. We hope this provides further insight into the nature of PLA inter-stakeholder dialogue.
2.3a I also struggled with Box 2 and how to interpret its content back to the context of the research being undertaken. What 'inter-stakeholder dialogue' might look like in various projects was not clear.

AA 2.3a (same response as to Rev comment 4.1)

To provide a very concrete description of PLA inter-stakeholder dialogue, we have generated a new Box 3 which provides a concrete description of PLA ‘in action’; and inserted the following into the text: pg 9,

“It is not possible to do justice to this complexity in this paper, but to gain a sense of what PLA ‘looks like’ in action during an inter-stakeholder dialogue, please see Box 2 and Figure 2, which provide brief descriptions of the PLA techniques used in stage 2 and 3 of RESTORE fieldwork, and Box 3 which presents a practical description of a PLA session that took place at the Irish site.”

2.4 More information is needed about NPT - what it looks like in practice - to help the reader understand what it means to combine NPT and PLA. The authors state that NPT provided the theoretical framework underpinning the research, and as such it must have played a central role in the underpinnings for this work and making meaning from its findings, so more indication of what that looked like and how it operated is needed.

AA 2.4 (same response also to Rev Comment 4.2)

It is beyond the focus and scope of this paper to do justice to an explanation of NPT or its combination with PLA. We have reported this extensively in three companion RESTORE papers (de Brún et al 2016, Lionis et al 2016, Teunissen et al, 2017). Accordingly, we have adjusted the text at the start of the methods section as follows: p 7

There were three stages to RESTORE (see Figure 1). A detailed description of the study protocol 56 and the rationale for combining NPT72 and PLA19,20,31 is published elsewhere. Details of the implementation process and its outcomes are also available (de Brún et al, Lionis et al and Teunissen et al) and these analyses highlight the central role that the PLA methodology had on both process and outcome.

*Figure 1 The three stages of RESTORE

Therefore, our focus in this paper is on our use of PLA as a methodology and range of techniques used to engage stakeholders in inter-stakeholder dialogue as they undertook parallel, but distinctive, implementation journeys during stage 2 and 3 of RESTORE.
2.5 The authors state that the paper focusses on patient and public involvement or engagement in primary healthcare research partnerships. There are two aspects of this that the authors need to consider making explicit - firstly, that is a very general focus and yet the work does appear to have been undertaken with migrant populations.

AA 2.5

We agree with the critical comments raised here but do not consider it within the scope of this paper to ‘tease’ these out completely. We have however, clarified that the field of what is referred to as PPI may benefit from drawing on the bottom-up approaches and the rich tradition of Participatory Research: pg 5

“To address these problems and challenges of PPI, it is valuable to draw on a ‘bottom-up’ participatory research methodology that is inherently dialogic in nature.29,31-33”

We have clarified what we mean by the term ‘meaningful engagement’ at 2.1 above (Pg 4), and noted that Box 1 provides our definition

We have altered the text to keep the focus on inter-stakeholder dialogues generally, using the RESTORE project which had a migrant health focus. We have contained all references to migrants as stakeholders to the methods and results sections. We have removed the references to research with people with aphasia. As before, we discuss the issue of transferrability of the analysis and findings to other community groups under Methodological Critique.

We have added the following text to clarify that our specific focus is on migrant health - pg 3

“This paper relates to patient and public engagement in primary healthcare research partnerships7-12 with a specific focus on migrant health.”

2.5. (cont’d) The migrant element is touched on very lightly within the paper, in fact I had almost missed it (it is not mentioned in the abstract for instance). Coming across it in the middle of the paper had to go back and check.

AA 2.5 (continued): To clarify, we have added the amended text mentioned above. The term ‘migrant’ also appears in the plain English summary at Lines 38, 40, 46 and48 ; in the Abstract at Lines 65, 66, and 79 and throughout the paper.

2.5.(cont’d) On page 5 people with aphasia were also mentioned. I presume this would have had a very particular impact on the methods used within the PLA approach, yet it is not discussed. The authors need to consider whether migrant/aphasia is an important factor or not in relation to their work and address its reporting accordingly.
2.5a Secondly there needs to be some discussion around PPI and the notion of participatory methodology. As noted above, participatory methods may not sit in a participatory methodology, and neither may be seen in some forms of PPI where participants are co-opted to projects to engage in other forms of involvement. On page 5 the authors make a statement about participatory approaches and where active stakeholder engagement takes places in such approaches but this statement is not fully discussed, particularly what is meant by engagement.

2.5a continued…. These different understandings of PPI, and how they relate to the process of PLA, need some elucidation. The concept is described as being rooted in interpretive and emancipatory paradigms but what a PLA 'mode of engagement' (p5) actually means needs clarification - what does it mean to produce maps, charts and diagrams in a participatory way - what are these maps/charts/diagrams about? - who decided on the focus for this……this would help a reader understand the participatory positioning within PLA.

AA2.5.a

We can understand the difficulty (as also stated in comment 2.3) that the reader may not see before her/him what the whole process was about. In addition to the explanation of meaningful engagement (see 2.1 above) we have added Box 3, a rich description of PLA technique Direct Ranking, and refer readers to Box 2 (descriptions of PLA techniques, and also to Fig 2 Flow Chart: 3 levels of dialogue).

2.5a continued again….: This point is also relevant to the description of the Evaluation of stakeholders’ experiences. What is a Qualitative speed evaluation - what does it offer - was it participatory or academic researcher led? Could you give an example of the 'explicit questions' p9 that were designed to evoke the rich data you allude to.
AA 2.5a cont’d: Even though we understand that examples of these questions would be interesting for the reader, we do not think it is appropriate to insert these questions into the middle of this very tight set of data resources (too much detail). We refer the reviewer to our RESTORE methods paper,) and also to Point 2 in ‘Limitations of our study’, pg 20 for further useful information.

2.5a continued again … The data analysis section would also benefit from some examples of what is being described. For instance, at the top of page 10 it is stated that 'Six codes containing negative data coalesced into three themes'. The simple addition of the names of these codes and themes would act as pointers to the readers and aid understanding. Throughout the paper the inclusion of examples in this way would be helpful to set the point being made by the authors back into the actuality of the research. It will help with understanding the PLA process, the analysis of the process and the results.

AA 2.5 (cont’d)

We refer the reader to Table 2 which contains the 6 positive themes related to our 3-level analysis and to Fig 2 (Flow Chart) which contains the three-level analysis. We have added, as requested, a concrete example of a ‘positive’ theme and a ‘negative’ theme in our methods – analysis section, pg 10-11,

“Collectively, these authors identify positive aspects of stakeholder engagement in terms of active inclusion of stakeholders, building trust and rapport, supporting collaboration/collegiality, promoting shared and enhanced learning and balancing asymmetrical power-relations among stakeholders. They also identify ‘negatives’ – for example, exclusion/passivity, researcher-controlled process, and stakeholder powerlessness. The ‘start-list’ of codes developed, via repeated readings of researcher and stakeholder data sources, into a final list of thirty-three codes.”

“Data were coded, then collated to identify emerging themes. 27 codes containing positive data coalesced into six themes (e.g., collegiality/collaboration); six codes containing negative data coalesced into three themes. (e.g., time commitment). A basic content analysis established the relative weighting of ‘positive’ to ‘negative’ evaluation comments (positive far outweighed negative). The six themes (Table 2) which contained data about stakeholders’ positive experiences of dialogue, researchers’ positive experiences of dialogue and researchers’ observations and comments about stakeholder’s positive engagement offered a measure of richness and triangulation to our analysis and provided the scaffolding for a three-level analysis of what makes for positive and productive inter-stakeholder dialogue (Figure 2).”

2.6. The section on ‘Optimal components of PLA…’ is well placed and the vital element to the paper. Again, however, the essence of the work is not sufficiently articulated. Only three
countries reported experiences of transformative moments - this is not discussed. Did this hold really important information about how differences in PLA, as carried out in the different country contexts, affected the shaping of spaces for transformative moments? If the authors looked at this, what did they find? If they did not, was there a reason why not?

AA 2.6

On page 14, we note that the context for Level 3 dialogue, within which a transformative moment occurs, is the presence of a seemingly intractable problem. If such a problem does not exist or occur, a transformative moment cannot occur. We also note, in Figure 2, that transformative moments are not ‘automatic’. We recognise this may not have emerged clearly enough for our readers, so we refer the reviewer to Figure 2 and we have revised the text in this paragraph, as follows, pg 15,

‘This may or may not happen during a PLA dialogue, but should an intractable problem surface, the groundwork laid during Levels 1 and 2 dialogue tends to create the necessary environment in which stakeholders may reach across boundaries (e.g., organisational, lay/professional, status/power) to generate a creative solution to the problem. This outcome is what we coin a ‘transformative moment’ or event. It is important to emphasise that such an event is not a required or necessary component of PLA inter-stakeholder dialogues, which are successful and complete in themselves without this, therefore we do not expect a transformative event to occur in all PLA dialogues. In RESTORE, ....’

2.6 (cont’d) The finding that an element of the processes that facilitated the transformative moment was the space offered for collaborative challenge seems to be a key and would benefit from clearer discussion - and set back into the current literature on critical enquiry and the place of disruption. At the moment its vitality is almost lost within the text.

AA 2.6 This is an interesting challenge indeed. However, we would prefer to have more data than is available about transformative moments in RESTORE to do justice to this suggestion, and also, it would warrant a substantial paper (with a specifically theoretical orientation) in itself.

In summary, I was pleased to see the work that had been done by RESTORE. This paper certainly has the possibility to contribute to understandings of the workings of PLA as a space for transformative moments. I suspect that, with the benefit of some time away from this paper when the authors go back to it with a critical eye, they will be able to see more clearly what might be proffered to enable their conceptual and theoretical pathway to be clearly articulated
and then contextualised within the research process, and hence develop this paper more fully for publication. I hope my comments are helpful for the authors.

Reviewer #3:

Dear Authors,

I enjoyed reading your article entitled "Using PLA research techniques for inter-stakeholder dialogue in primary healthcare: An analysis of stakeholders' experiences". As you know in the last decade there has been an increasing emphasis in research, policy imperatives and practice about the importance of stakeholder involvement in primary healthcare. However, while there is widespread recognition and support from healthcare professionals, academics, policy makers, researchers and service users about the importance of inclusion there is a paucity of information about how to practically achieve meaningful dialogues across stakeholder groups. In my opinion this article offers an important contribution to this gap in our knowledge by providing empirical data from the RESTORE study about how positive and productive inter-stakeholder dialogue can be achieved across diverse settings and stakeholder groups. The stakeholders' experiences of involvement through the PLA approach in your study are captured in a variety of ways which in my opinion increase the veracity of the data. I was very interested in the authors description of the different levels of inter-stakeholder dialogue in the RESTORE study. This data provides the reader with valuable insights into how the inter-stakeholder groups evolved over time in terms of trust relationships and transformative experiences. The challenge of equalising power dynamics within the diverse inter-stakeholder groups was also addressed with empirical evidence about stakeholders experiences of group relationships over a significant period of time. This data was interesting because in my experience it is difficult to move away from traditional hierarchies of power in groups where researchers and stakeholders may be biased by issues of education and perceptions of power. This article demonstrates how PLA can be used as a successful methodological approach to create meaningful dialogues between diverse stakeholders in primary healthcare and the analysis of the stakeholder experiences in this study augur well for all those interested in this type of involvement work. Thank you for this very valuable contribution to the literature.

My suggestions for revision are minor and are aimed at enhancing clarity for the reader in some areas. I hope they are of benefit to you.
3.1. Can you provide a breakdown of the 78 participants in your study? You mention migrants, doctors etc. but the reader does not know how many participants were in each group. Also it is not clear what you mean by 'PLA session'.

AA. 3.1

We have included a basic breakdown of the 78 participants involved; for full details, we refer the reader to (new) Table 1 which provides a thorough breakdown of all stakeholders. We have added text to briefly note the nature of PLA sessions and their approximate duration (described in further detail in Box 3 and throughout the text). Text is as follows, pg 2:

‘These dialogues (involving discussions, activities, PLA techniques and evaluations) were generally 2-3 hours long…”

3.2 The sentence beginning "For instance a GP...." I suggest you use the term 'doctor' instead of GP to be consistent with your previous sentence. Similarly, instead of 'PLA discussions' may I suggest using the same terminology as you used in your first sentence in this paragraph 'PLA sessions'. This makes it clear to the reader that you are speaking about the same experience.

AA3.2 We agree and adjusted the text of the plain English summary accordingly and we have amended the text to reflect that the GP was a woman. Pg 2 Line 46

3.3 'Methods' May I suggest numbering the countries e.g. 1) Austria; 2) Greece etc. This numbering will provide a clear link for the reader for the 1st sentence on P.3 when you mention 'five sites'.

AA3.3 we added to the text of the abstract: in 5 countries: Austria,…..

Pg 2 Line 62-63

3.4a Could you include in a bracket who the 78 stakeholders were? This will provide continuity from your lay summary.

AA 3.4a

We have included a basic breakdown of the 78 stakeholders involved; for full details, we refer the reader to (new) Table 1 which provides a thorough breakdown of all stakeholders and refer to this in the plain English summary on pg 2, Line 38:

“78 migrants, interpreters, doctors, nurses and other key stakeholders (see Table 1)”
And in the Abstract, Pg 3: “78 stakeholders (migrants, interpreters, doctors, nurses and others – see Table 1)”

As well as in the Methods section, recruitment: pg 8,

“…and recruit 78 stakeholder representatives in primary care settings across the five sites for Stages 2 and 3 research (see Table 1 for details). Stakeholders included migrant service-users, general practitioners/family physicians (GPs), primary care nurses, practice managers and administrative staff, interpreters and cultural mediators, service planners and policy-makers.”

3.4b Can you clarify whether 'PLA inter-stakeholder dialogue sessions' are different from the 'PLA sessions' you mention in your 'Plain summary' on page 2. This terminology may be new to the reader.

AA 3.4b

Essentially, there is no difference, so we have now used the same terminology ‘PLA sessions’ throughout the text. In RESTORE, ‘PLA inter-stakeholder dialogue sessions’ and ‘PLA sessions’ are the same thing, because all PLA sessions were always oriented towards, and intended for, dialogue-across-groups. In some sites this dialogue took place among diverse stakeholders in the same room at the same time (as in Ireland); in other sites, stakeholders met in separate groups (Austria), or were geographically dispersed (The Netherlands) and their dialogue was facilitated by researchers bringing notes, charts and diagrams from group to group. In all cases, the same PLA process and techniques were used to engage all stakeholders in inter-stakeholder dialogue.

3.5. You introduce the term inter-stakeholder but the meaning of this term is not clear to the reader. May I suggest including this term in Box 1. and refer the reader to box 1 here. There are also many different interpretations of the term 'stakeholder' so you may wish to consider explaining what you mean by the term 'stakeholder' in box. 1 also.

AA 3.5 Pg 4,

Thank you for this suggestion. We have now added a definition of ‘stakeholder’ to Box 1, and as suggested we refer the reader to same on pg 4,

...the involvement of stakeholders (see Box 1) can make positive practical contributions to many aspects of primary healthcare research...

And our definition in Box 1 reads:
“Drawing from McMaster Health Forum (2015) we describe a stakeholder as an individual, group or organisation that has an interest in the organisation and delivery of healthcare and will have an interest in the content or outcome of a guideline.”

The definition of inter-stakeholder dialogue was already included in Box 1.

3.6. I understand that you mean General Practitioner but you have not given the reader an explanation of this abbreviation at this stage in the paper. You provide an explanation on p7. for RESTORE so perhaps you could explain the terminology earlier? Is the term GP used consistently internationally?

AA 3.6. You are right; we have now deleted this abbreviation from the abstract and replaced it by ‘doctor’ Pg 3, and added the abbreviation the first time general practitioner is mentioned (p 8). The term GP is used internationally, however sometimes also referred to as Family Physician, which we have now added in the methods section, under sampling and recruitment, in our description of stakeholders ,p 8,

3.7 TYPO 'Over the last years...' Did you want to include the number of years? Also can you provide a reference for this statement?

AA 3.7

Thank you for pointing this out. We have adjusted the sentence in the introduction as follows: p 6,

“The sharp rise in migration (especially of refugees) to the European Union in recent years lends an urgency to addressing this gap in knowledge. (International Organisation for Migration: Migration Flows Europe; 2015. http://migration.iom.int/europe/)

3.8 …no detailed analysis to date of the use of PLA methods for inter-stakeholder dialogues in health research.' Did you mean with migrants?

AA.3.8. Thank you, indeed we meant this and added this in the text, Pg 6, also in relation to comment 2.4

“While the use of PLA in primary healthcare research is growing, and migrants’ experiences of the methods have been reported,19 there has been no detailed analysis to date of the use of PLA methods for inter-stakeholder dialogues with migrants in health research.”
3.9. In my opinion it would be valuable to briefly explain to the reader what you mean by stakeholder groups; inter-stakeholder groups and inter-stakeholder dialogues earlier in the paper. If this terminology is unfamiliar I am concerned that the reader may not appreciate the similarities and/or differences between the different types of groups etc.

AA 3.9 pg 8,

We have provided additional definitions in Box 1 and a new Table 1 (socio-demographic breakdown of all stakeholders) and referred readers to these earlier in the paper as suggested.

3.10 p8. 'Sampling and Recruitment of stakeholders' Did you have inclusion/exclusion criteria? Could you briefly explain this and provide more detailed information about the nature of the 78 stakeholders recruited across countries?

AA.3.10. There was no common set of inclusion or exclusion criteria – it was up to each country to make these decisions for themselves, and decisions depended on context and circumstances. The new Table 1 provides a thorough breakdown of all stakeholders across all sites.

3.10 cont’d This is the first time you have told me that a PLA inter-stakeholder dialogue' is about 2-3 hrs in duration. This detail is useful to help me understand what you mean when you say 'PLA dialogue' and I think it would be valuable to include it earlier in the paper.

AA.2.10 (cont’d) Following your suggestion, we have now added this information to the Plain English summary, pg 2.

These dialogues (involving discussions, activities, PLA techniques and evaluations) were generally 2-3 hours long and were recorded and analysed by the researchers.

This is repeated in the Abstract, pg 3,：“78 stakeholders (migrants, interpreters, doctors, nurses and others – see Table 1) participated in a total of 62 PLA sessions (discussions, activities, evaluations) of approximately 2-3 hours’ duration.”

And repeated also in our Methods section, pg 8,

They participated in a total of 62 PLA sessions, spread over a period of 15 to 19 months, the majority of which were 2-3 hours in duration.
3.11 Evaluation of Stakeholders' experiences of PLA - I think it is important to say that 'data were generated about stakeholders' experiences of using PLA techniques to support inter-stakeholder dialogue because this reflects the title and aim of your paper.

AA.3.11 We agree and have changed the text accordingly on pg 10,

“During Stages 2 and 3 fieldwork, data were generated about stakeholders’ experiences of using PLA techniques to support inter-stakeholder dialogue.”

3.11 (cont’d ) You mention that the speed evaluations were 'transcribed' and other evaluations were 'professionally transcribed' How did you select data for 'professional transcription'? What was your rationale?

AA.3.11 cont’d. As there was no difference, we deleted the word 'Professional..'p 10,

3.12 Please refer the reader to Box. 1 for an explanation of the term 'researcher-catalysts'

AA3.12 As suggested, now included on Pg 10,

3.13 Do you mean that research teams consistently used the same template for fieldwork reports or do you mean that the template was actually standardised? Standardising has a very specific meaning in the domain of healthcare.

AA3.13 Thank you for bringing this to out attention - we mean ‘consistently used the same template’ and have adjusted the text accordingly. Pg 10,

3.14 It would be valuable for the reader if you named the 4/5 sites for bullets 1 and 2 because the reader does not know if the data sources were provided by the same 4 sites for both points.

AA3.14 We have added the names of the sites pg 10,

3.15 Data Analysis: last sentence: If I understand the data sources and analysis correctly the data included from the researchers was data about the researchers' perceptions of the stakeholders experiences of the dialogue. In my opinion this distinction is not captured in the last sentence on
p9. May I suggest that you consider re-phrasing this sentence to capture this distinction for the reader. AA 3.15

Thank you for this suggestion, we have included additional sentences to ensure clarity and consistency. Pg 11,

“researchers’ positive experiences of dialogue and researchers’ observations and comments about stakeholder’s positive engagement offered a measure of richness and triangulation to our analysis”

3.16 Can you provide further explanation of your intended meaning here? "Each of the levels is porous and should......boundaries' meaning that......"

AA 3.16

We have added the following text to clarify: Pg 11,

‘...meaning that there is interplay between levels, and they are not to be understood as self-contained ‘silos’.

3.17 Figure 2 is super but can you give a more detailed explanation about Figure 2 in your narrative account?

AA 3.17 Thank you for the compliment; We have provided more detail in Box 3 as described above.

3.18 'key necessary components'. May I suggest that you refer the reader to Figure 2 for a reminder!

AA.3.18 Thank you for this suggestion which we followed. Pg 14,

3.19 p.13: Line 49: Was the 'incremental nature of the inter-stakeholder dialogue a design feature in the study or did it evolve organically? I am interested to hear your thoughts about this...

AA 3.19

When using PLA in research, our expectation is that trust and rapport must be built first and to that end we ‘design’ the PLA process to include opportunities (e.g., activities such as ice-breakers and co-designing ground-rules with participants) for this to evolve. We cannot
guarantee that it will do so, but we can provide and ‘model’ the respectful listening environment in which it often occurs. When basic components of Level 1 are evident, we remain attentive to the fact that Level 2 components are likely to follow or evolve; this may require quite skillful facilitation and may depend on a range of factors, some of which may be outside the control of the research team/group. What is certain is that ‘design’ can take us so far, in terms of sketching out the ‘big picture, general and/or specific research aims, but it is in the group interaction that all that may evolve organically in a PLA process actually takes place.

3.20 p14: Line 24: Level 3 optimal components - Again may I suggest that refer the reader to Figure 2 for a reminder.

AA 3.20 Thank you for this suggestion that we are also happy to follow.

3.21 p.15. line 46: Can you provide the reader with some details about your analysis process for the emergent negative experiences? - Codes; Themes etc.

AA 3.21 We have provided these details, see comment 2.5.

Discussion and Conclusions - no suggested revisions. Both sections interesting and clearly written.

Good luck with the revisions and I look forward to reading the revised article.

Reviewer #4: 1. This article is an interesting and an important description of successful co-production involvement interaction within a cross-European health project. The reason for the study was to measure the outcomes of a particular approach to involvement which obliges all of the project participants, irrespective of status and background, to contribute equally to the matter in hand. The matter in hand here was a European wide project funded to create a set of Guidance and Training Initiatives for use with migrant communities’ health care in a number of European countries.
The project obliged the participants to be brought together to create the Guidance and Training Initiatives within a research designed environment described as Participatory Learning and Action.

Note from Authors: To avoid any misunderstanding, perhaps we should clarify that stakeholders in each country were involved in assessing a range of pre-existing Guidances and Training Initiatives, from which they democratically selected one they believed would be suitable for implementation at local level. In some countries, stakeholders were then involved in fine-tuning their chosen Guidance to render it even more appropriate for use at local level. We hope this, along with our inclusion of a new Box 3 providing a rich description of a PLA inter-stakeholder dialogue session, as suggested by Reviewer 4, provides additional clarity in the paper.

This was, however, a difficult article to read with a full understanding arising only when completing reading the appendices at the end - which informed the otherwise overly theoretical content in the body of the article. The appendices will presumably be in the body of the published article - if not they need to be.

The article badly needs a concrete illustration of the research right at the beginning to allow the reader to then make sense of the Participatory Learning and Action: what is it please!? For example:

"On 1st January 2014 10 people meet for the fourth time in a comfortable room in a large health centre near Galway in Ireland. They are there to create a Guidance and Training Set for responding to and meeting the health needs of a recently arrived mixed migrant community. In the room are:

* A researcher from The University of Galway using Participatory Learning and Action as a method to generate confident conversation and learning within the group so as to produce a migrant health Guidance and Training Set.
* Two woman and two men aged between 17 and 56 who have been living in the community as migrants for between 6 and 21 months. They have limited ability to speak English, the conversation language.
* Two qualified interpreters who bring the two other migrant languages into the conversation
* Two GPs, one from the health centre where the meeting is held and the other one from another health centre in the area
Other participants etc.

The conversation will consider how to etc.....

The Participatory Learning and Action tools to be used include:

X

Y

Z.....

AA.4.1

Thank you for your thorough study of our paper and helpful suggestions. We can understand this paper on the methodology rather than on the outcomes of the RESTORE project can be hard to digest. We also understand you are concerned about what PLA ‘looks’ like. We direct readers (who may also wonder what PLA and inter-stakeholder dialogues ‘look like’) to Box 2, and to Fig 2, which may otherwise be missed as key places in this paper where PLA techniques and the structure of a PLA enquiry are described. We hope the editor will put these boxes etc in the text at the places we have indicated.

To provide a very concrete description of PLA inter-stakeholder dialogue, we have generated a new Box 3 which contains the following text:

“On the evening of 6th February 2013, eleven people who are stakeholders in the RESTORE research project about migrant health gather for the seventh time in a meeting room in the National University of Ireland, Galway. Having come from various workplaces, they are greeted with culturally-appropriate refreshments. Aged between 31 and 55, eight are female, three male. Of these, eight represent migrant communities from six different countries and cultures, and five of them have experience in community interpreting. Also present are a policy planner, a practice manager and a doctor. These stakeholders make up an ‘inter-stakeholder group’ as they represent various and diverse backgrounds and fields of stakeholder expertise; they all have a vested interest in participating in the research and all have unique knowledge to contribute. All are fluent in English which is the conversation language. Two researchers from the university, who are conversant with Participatory Learning & Action (PLA) research, are facilitating this PLA session, which is one among many in a two-year-long research process. In previous meetings, these stakeholders engaged in PLA techniques to assess a range of Guidances and Training Initiatives (G/TIs) related to improving communication between migrants and healthcare professionals. They identified strengths and weaknesses of each G/TI as they perceived them. They exchanged very diverse perspectives and views, learning from and with each other, and co-generated Commentary Charts to record their findings.
The atmosphere in this inter-stakeholder group is relaxed, open and trusting, which is essential because the task they face this evening is to use another PLA technique (Direct Ranking) to democratically select a single Guidance or Training Initiative for implementation in a local healthcare setting. First, they review their Commentary Charts and discuss and co-analyse them in relation to the research question asked: ‘Please rank the Guidances and Training Initiatives in terms of ‘most suitable’ to ‘least suitable’ for implementation at local level’. Having listened carefully to all perspectives, they use visual and tangible materials (images, photographs, Post-Its, markers, flipchart paper, paper clips) to complete a Direct Ranking chart which clearly shows their voting result. They check their outcome, and the researchers invite them to confirm their result by engaging in continued discussion, asking key questions such as ‘Is everyone comfortable with the decision you have reached as a group?’ ‘Is there anything of concern to anyone?’ ‘Is there anything surprising about your result?’ By the end of the three-hour PLA session, eleven very diverse stakeholders have generated a transparent democratic outcome, based on their co-generation and co-analysis of data. They now know which of the G/TIs they agree to proceed with on their ‘implementation journey’; in future PLA sessions, they will use other PLA techniques to work together, fine-tuning their chosen Guidance for use in the primary care practice where the doctor and practice manager work.”

4.2. Normalization Process Theory underpins this approach and works by constructing a space where everyone moves from their initial separated status to a co-operative one where there is equality at the table and inputs are not compromised by prior characteristics such as occupational or educational background…..???)

To clarify: NPT was the theoretical framework for highlighting key aspects of implementation, but PLA provided the methods and techniques which together constituted a mode of meaningful engagement, drawing stakeholders into a co-operative group where all enjoyed respectful listening and enhanced learning; indeed, PLA methods are designed to ‘level the playing field’, reducing barriers associated with occupational or educational background.

The premise was that by bringing the participants together in this way, as a Participatory and Learning Action design, there would be a more certain understanding of the migrant communities' health needs, values and expectations - the distinct features of which would then generate the production of a personalised Health Guidance and Training Initiatives set which would work.

AA.4.2.

Yes, as you say, PLA generated the environment and provided the tools for stakeholders to express their needs, expectations and values. This was the critical ‘heart’ of the RESTORE project. A small clarification: each country ‘fine-tuned’/produced a single Guidance or Training Initiative, and this, if you like, was the ‘set’. 
4.3 An approach called Normalization Process Theory needs further grappling with in the article as the authors don't explain this, other than saying it is a heuristic approach - hence the need for a concrete working example as well as a fuller explanation. The NPT theory needs to be understood more fully to allow the participatory learning and action method to be implemented - an subsequently replicated

AA 4.3 Please see our response to Rev 2.4 – AA 2.4 pg 7

4.4 Please do not use the abbreviations GTI, PLA etc - these are important features of the study and need repeating: just keep using the full phrases and search out duplication elsewhere.

AA 4.4 We have followed the general protocol for academic journals which is to present the first mention in full, followed by the acronym in brackets, and thereafter using the acronym only. In line with this, this journal requires us to provide a list of abbreviations, which we have supplied.

4.5. The research team is a consortium from institutions across Europe - there is no mention of a public involvement or advisory input.

AA 4.5.

We have added the following information about our governance under Methods (p 7) to emphasise the participatory nature of the study rationale and the fieldwork:

“RESTORE was designed as part of a series of participatory research studies with migrant community involvement exploring communication in cross-cultural consultations. The design and governance of RESTORE was led by an academic consortium but, following the principles of PLA, the research process (recruitment, fieldwork and data analysis) was inclusive of migrants and other stakeholders with significant ownership of decision-making about methods, pace of work and the implementation work in hand.”

4.6. There is good description of the cross-consortium working with illustrations of that from training of researchers to problem solving. The analysis readily gives opportunity to replication of the participatory learning approach in different national and cultural settings with observation of common positive and negative features in all of the studied communities. The authors condition only to the extent that localised settings will require local adaptations to the participatory action and learning inputs.
The process of participatory methodology was clearly described with three levels of increasing complexity described as stages which were inter-dependent though progressing from the strengths achieved in the previous stage. This was a study over four years providing probably a rare opportunity to have a European wide dimension, with high level specificity to the local health communities studied. Indeed one of the negatives was in respect to the researcher challenge in managing the volume of subjective participant data collected for analysis. This was, however, made clear and was described in the study conclusions.

AA 4.6. Thank you for your clear summary and helpful suggestions.

4.7. The study has negative and positive reporting of the features of the participatory learning observed over the four years. These are readily understood though there is more stress on the positive aspects than on the negative. The lack of uptake of the migrant health guidance and training tool was deserving of greater analysis - as why bother if the tool produced is faced with other infra-structure or cultural barriers to implementation?

AA 4.7

Our analysis revealed significantly higher instances of positive over negative stakeholders’ experiences, in other words, we did not place ‘more stress on the positive aspects than on the negative’), and we have added the following text to clarify: pg 11

“A basic content analysis established the relative weighting of ‘positive’ to ‘negative’ evaluation comments (positive far outweighed negative).”

The lack of update of the guidance and training initiatives is not the focus of this paper, as we mentioned above. This paper presents an analysis of the processes for dialogue, which, in and of itself, is a separate and coherent focus. Even the most democratic dialogue is not going to ‘solve’ the extensive and complex problems that beset implementation but the dialogue is part of the solution ‘on the ground’. We recognise that PLA inter-stakeholder dialogue needs to be complemented by appropriate political action and system level changes, as all action research acknowledges.

4.8. There was insufficient reference, in my view, to the critical importance of the researchers as convenors and activators of the participatory behaviour in each of the local communities. This was skilled work - indeed the researchers were trained by two of their group who already had the skills and knowledge. Further, there was a continual learning feedback loop into the researcher group as to application of the methodology. How is the participatory learning and action to be replicated without those skills and without the funding to support their purchase?

AA 4.8 Indeed, this is a key question for the future of PLA in health research. We recommend embedding PLA training in, for example, the practice community (by this we mean providing
PLA training, support and mentoring to combined partnerships of service-users and service-providers connected and collaborating in a local healthcare setting in order to build a critical mass of community-based and professional people committed to participatory health research and action. Essentially, we need to share methods and tools that will enable communities-undercare to engage in a fully empowered manner in their own healthcare development. We have addressed this issue in the Discussion at p 21, as follows:

“The critical importance of the researchers as catalysts and facilitators of participatory behaviour in research settings is clear. This was skilled work and the researchers were trained by two of their group who already had the skills and knowledge. Further, there was a continual learning feedback loop into the researcher group from the fieldwork as to application of the methodology. A key question, therefore, is how participatory learning and action can be replicated without those skills and without the funding to support their purchase? Arguably this question is about building capacity in the academic primary care community for PLA research. Also, it is about advising that PLA research is not undertaken by those without the necessary skills sets, no more than a randomized controlled trial would be conducted without the required skill set.”

4.9 There was extensive referencing to the existing knowledge in the field of participatory learning as a democratic design bringing inherent benefits to the proposed outcomes through skilled facilitation. The article was somewhat suffocated though by the academic language used. For example, in the summary of results it says:

Results

Stakeholders reported a wide range of experiences of engagement in PLA inter-stakeholder dialogue. A positive atmosphere was the foundation for the development of trusting relationships and safe participatory spaces, which enabled stakeholders to offer their perspectives despite differences in social capital and power. This led to enhanced learning, which fostered shifts in understanding as evidenced by a GP who changed their view on interpreted consultations because of the input of the migrant service users. Negative experiences concerned time commitment, research fatigue and the lack of uptake of implemented services.

AA 4.9 We understand that ‘PLA terminology’ may not be easy to grasp. As mentioned above, we have generated a new Box 3, which provides a very concrete practical example of PLA inter-stakeholder dialogue. We hope this lends more clarity to the paper. Also we have adapted the text in the summary of results as follows, pg 3:

Stakeholders involved in PLA inter-stakeholder dialogues reported a wide range of positive experiences of engagement, and very few negative experiences. A positive atmosphere during
early research sessions helped to create a sense of safety and trust. This enabled stakeholders from very different backgrounds, with different social status and power, to offer their perspectives in a way that led to enhanced learning in the group – they learned with and from each other. This fostered shifts in understanding – for example, a doctor changed her view on interpreted consultations because of the input of the migrant service-users.

4.9. Cont’d I would just like this made more concrete - social capital and power? The article does describe how even senior doctors seem to get and to enjoy this novel PLA approach and so social capital became described. Why not concretise that better and support the reader to see - y more literal reference to what happened, beyond the short examples - just how that power balance changes as a result of this approach.

AA 4.9: We understand the value of concretising abstract concepts and language – we have now re-phrased and concretised the Results paragraph in the Abstract pg 3, (see immediately above). We believe that Box 3, a new addition, which provides a concrete description of a PLA inter-stakeholder dialogue, will also help to clarify. Given that ‘social capital’ can be understood in two very different ways (e.g., Bourdieu/Putnam) we have deleted the term ‘social capital’ and replaced it with ‘social status and power’, as used in the plain English summary. We hope this may also help.

Editors' Comments:

E.1 Please return the paper to the authors to address the comments of the reviewers. In particular the authors should address the comments of reviewers 2 and 4, whose views are shared by the Editors. It is a very interesting paper, but it is extremely difficult to follow in its present form.

AA E1 We hope the changes mentioned above mentioned make it more easy to follow!

E.2 Please also take a moment to check our website at for any additional comments that were saved as attachments. Please note that as Research Involvement and Engagement has a policy of open peer review, you will be able to see the names of the reviewers.

AA E2 We have checked and there were no additional comments
If improvements to the English language within your manuscript have been requested, you should have your manuscript reviewed by someone who is fluent in English. If you would like professional help in revising this manuscript, you can use any reputable English language editing service. We can recommend our affiliates Nature Research Editing Service (http://bit.ly/NRES-HS) and American Journal Experts (http://bit.ly/AJE-HS) for help with English usage. Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our English language tutorial (https://www.springer.com/gb/authors-editors/authorandreviewertutorials/writinginenglish) and our Writing resources (http://www.biomedcentral.com/getpublished/writing-resources). These cover common mistakes that occur when writing in English.

AA E3 The majority of authors, including the first authors, is fluent in English and they have checked the last draft for the right use of language.