Reviewer’s report

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

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Reviewer: Paul Charlton

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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.

2. This was, however, a difficult article to read with a full understanding arsing 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…….

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…..???

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.

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

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

4. 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.

5. 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.

6. 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?

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?

7. 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.

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 - by more literal reference to what happened, beyond the short examples - just how that power balance changes as a result of this approach.

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