

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Self-help friendliness and cooperation with self-help groups among rehabilitation clinics in Germany (KoReS): a mixed-methods study protocol
AUTHORS	Ziegler, Elâ; Bartzsch, Thea; Trojan, Alf; Usko, Nicole; Krahn, Ines; Bütow, Sabine; Kofahl, Christopher

VERSION 1 – REVIEW

REVIEWER	Wright, Hayley Coventry University
REVIEW RETURNED	26-Jan-2024

GENERAL COMMENTS	Very clearly written protocol. There is no reporting guideline checklist accompanying the protocol. Other than that, I do not see any further issues that need to be addressed.
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REVIEWER	Verbunt, Jeanine Maastricht University
REVIEW RETURNED	04-Feb-2024

GENERAL COMMENTS	<p>General comment: The manuscript is well written and provides detailed information concerning the study plan.</p> <p>It may be, that the authors are more experienced in a scientific field other than the medical scientific field (reflecting the readers of the BMJ open). The presentation of the text, may be more aligned with other protocol articles in BMJ-open.</p> <p>Detailed comments:</p> <p>Abstract Analysis: The information regarding the quantitative analysis needs more specification.</p> <p>Introduction Addiction is indicated as medical rehabilitation. This is not the case in all countries. To my opinion, this needs some additional information.</p> <p>Clearinghouse: a sentence to explain what this is, seems important. This is not in all countries available.</p> <p>Is it possible to provide an overview of the self-help friendliness criteria in an addendum?</p> <p>pag 5 line 42: explain what you mean with framework conditions.</p>
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	<p>The information presented pag 5 line 48 tm 53 needs to my opinion be presented on another part of the manuscript.</p> <p>Members of self-help groups will participate in the interviews and projectgroup. There will be SHGs with persons with different medical problems. How do you guarantee a good representation of all SHGs.? How do you anticipate on participants with a disability, f.e. in speech?</p> <p>Page 6: How will the 8 clinics that participate in the first phase of the study be selected? Page 6 line : Do you check whether persons are able to use online facilities (f.e. people with brain injury (but also others) can have difficulties with this)</p> <p>Page 7: Quantitative study: You will design a questionnaire during the project. How do you know whether the psychometric properties of this new questionnaire are correct? It seems that you will directly start assessment with this questionnaire without a quality check of the questionnaire.</p> <p>Page 7 line 29: state in the presentation of the 5 core indications in the first part of the text that these are the core indications</p> <p>The estimated participation rate of staff member of 80% is very high. Can you explain why you think that percentage can be reached?</p> <p>Page 7 line 36: Why do you adapt the questionnaire developed for the clinic to be used in SHGs? Do you think that it will contain appropriate questions for this specific group?</p> <p>Page 7 line 51: Can you provide detailed information regarding the psychometric properties of the questionnaire mentioned here?</p> <p>Page 7 line 61: imputation. What kind of imputation will be used?</p> <p>Page 7 line 61: The presentation of the statistical tests for quantitative analysis is not very specific. You may address it by presenting the specific statistical analysis used to answer every specific research question presented in the introduction part..</p> <p>The ethical consideration paragraph can be shortened to my opinion. Detailed information indeed needs to be presented to a medical ethical committee, but for the presentation in an article, the paragraph can be more compact.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Hayley Wright, Coventry University

Comments to the Author:

Very clearly written protocol. There is no reporting guideline checklist accompanying the protocol.

Other than that, I do not see any further issues that need to be addressed. [NOTE FROM THE EDITORS: This comment can be rebutted, as we are not aware of any suitable reporting guidelines for protocols of studies of this type]

Thank you very much, we highly appreciate your feedback. In accordance with the editors, we are not aware of any suitable reporting guideline for mixed methods studies and are therefore not able to provide such.

Reviewer: 2

Dr. Jeanine Verbunt, Maastricht University

Comments to the Author:

General comment: The manuscript is well written and provides detailed information concerning the study plan.

Many thanks!

It may be, that the authors are more experienced in a scientific field other than the medical scientific field (reflecting the readers of the BMJ open). The presentation of the text, may be more aligned with other protocol articles in BMJ-open.

Thank you for this remark. While we understand our protocol does not follow the presentation of classical clinical trials due to the different study design, we aligned the protocol with other mixed methods study protocols previously published in BMJ Open. We further believe the topic and our results are relevant to both medical staff and cooperating patient organisations for the practice and delivery of comprehensive care. Therefore, we focused on tailoring the protocol to the medical scientific community, general health service researchers and providers such as self-help organisations as well, in accordance with the scope of the journal.

Detailed comments:

Abstract

Analysis: The information regarding the quantitative analysis needs more specification.

Thanks, we now provided more specific information in the abstract on the quantitative analyses planned based on your comment, as well as in the manuscript on page 7.

Introduction

Addiction is indicated as medical rehabilitation. This is not the case in all countries. To my opinion, this needs some additional information.

Thank you for this remark. We agree that addiction is not treated the same internationally. There are different forms of medical rehabilitation in Germany depending on the medical condition and include medical rehabilitation for alcohol, medication or drug addiction. We consequently added a paragraph on page 2 of the manuscript to provide more information on German rehabilitation services in general and the understanding of medical rehabilitation extended to addiction.

Clearinghouse: a sentence to explain what this is, seems important. This is not in all countries available.

We agree, based on this recommendation, we added two sentences on pages 2-3 to describe what self-help clearinghouses are in greater detail.

Is it possible to provide an overview of the self-help friendliness criteria in an addendum?

Thanks for the very valuable suggestion. Thus, we included the translated five self-help friendliness criteria for rehabilitation clinics as supplementary material and referred to them on page 3.

pag 5 line 42: explain what you mean with framework conditions.

As recommended, we provided some examples of framework conditions referred to in this context on page 3 of the manuscript to clarify.

The information presented pag 5 line 48 tm 53 needs to my opinion be presented on another part of the manuscript.

We agree with this suggestion, thank you very much for pointing this out. The information has been moved to page 5 under the heading of the qualitative research description, as it is better suited there.

Members of self-help groups will participate in the interviews and projectgroup. There will be SHGs with persons with different medical problems. How do you guarantee a good representation of all SHGs.?

Our project group consists of members of self-help at the federal organisational level, i.e. of the German professional association for self-help groups and people interested in self-help, as well as the SPiG network for nationwide dissemination and implementation of the concept of self-help friendliness to promote cooperation between self-help groups, self-help clearinghouses and healthcare facilities in general. The project group members thus have years of expertise in supporting and collaborating with a wide range of diverse self-help groups covering a variety of medical problems. We have added information on this on page 4. We acknowledge that in our interviews, we cannot cover this wide variety of all indications and relevant SHG and are not pursuing a claim to representativeness. Instead, we aim to exploratory investigate cooperation operating principles among member clinics through our qualitative data collection. However, we have purposively sampled a diverse range of diseases among member clinics to the best of our ability, as stated on page 5. We have revised the sampling criteria to make this clearer. In the next phase, we will conduct quantitative online surveys that will address all rehabilitation clinics and cooperating SHG in Germany, which will enable us to have a good representation of the diverse SHG in Germany.

How do you anticipate on participants with a disability, f.e. in speech?

Thank you for raising this important topic. Our aim is not to interview the patients affected but to find out everything about cooperation between self-help and rehabilitation clinics at an organisational level. We acknowledge that SHG representatives often have medical conditions themselves and do not exclude staff with disabilities f.e. cognitive / speech impairments from our study. We offer different measures and means of including participants with possible disabilities by offering interviews and focus groups to take place online, via phone or alternatively face-to-face in their region and taking extra time and by using simple language. Participation is voluntary and benefits from the long-standing cooperative relationships of the SPiG network, through which participants are recruited, and appreciative, open communication. Based on your remark we added information on page 5 on the different interview means.

Page 6: How will the 8 clinics that participate in the first phase of the study be selected?

The 8 rehabilitation clinics for the qualitative data collection will be selected based on a purposeful sampling strategy. The clinics are members of the SPiG network, and we aim to cover as much variety within those members as possible, selecting clinics focussing on different main indications, varying in membership duration and levels of experience with cooperation and of different states across Germany. We consequently rephrased the sentence on the sampling criteria to clarify this on page 5.

Page 6 line : Do you check whether persons are able to use online facilities (f.e. people with brain injury (but also others) can have difficulties with this)

Thank you for this comment. We understand that not all staff may be able to use online facilities. We therefore offer interviews and focus groups to take place via phone or face-to-face in their region, to ensure that these participants are not excluded (see response above). We have now added further information on enabling different interview means on page 5.

Page 7: Quantitative study: You will design a questionnaire during the project. How do you know whether the psychometric properties of this new questionnaire are correct? It seems that you will directly start assessment with this questionnaire without a quality check of the questionnaire. We will do an extensive pretest in 60 rehabilitation clinics, as presented in step 4 of the research flow in Figure 1 and mentioned on page 6. After this, we modify the questionnaire if necessary (step 5) and finalise it in the second workshop. As this has apparently not been made clear enough, we now refer to the research steps on page 6 directly and revised the first two sentences under sample and data collection on page 6 to state this more prominently in the manuscript.

Page 7 line 29: state in the presentation of the 5 core indications in the first part of the text that these are the core indications

Thank you, we have now indicated on page 5 in the description of the qualitative sampling criteria that oncological, neurological, orthopaedic, psychosomatic and addictive diseases or disorders are understood as the five core indications and hope we have adequately addressed this comment.

The estimated participation rate of staff member of 80% is very high. Can you explain why you think that percentage can be reached?

This is true. To reflect on the expected high participation rate among the staff members of SHC that are members of the SPiG network, we provided additional reasons for this on page 6. Since SHC staff are professionals who work in accordance with the goals and values of the SPiG network due to their membership, we assume participation as part of their role to propagate self-help friendliness. The membership implies their commitment and is associated with a willingness to share their experience on cooperation between self-help and rehabilitation clinics in order to promote it further. Therefore, survey participation falls within the scope of their task area.

Page 7 line 36: Why do you adapt the questionnaire developed for the clinic to be used in SHGs? Do you think that it will contain appropriate questions for this specific group?

The questionnaires used for staff of rehabilitation clinics and (cooperating) SHG and SHC will be very similar and focus on their experiences with collaboration between self-help and rehabilitation. In analogy to the interview guides, there will be adjustments to the perspectives of the different parties only, but no fundamental changes to content. We revised the sentence on page 6 of the manuscript accordingly to clarify.

Page 7 line 51: Can you provide detailed information regarding the psychometric properties of the questionnaire mentioned here?

Thank you, we included information on the internal consistency of the scale on page 7 and cited both relevant publications to be able to read up further psychometric details.

Page 7 line 61: imputation. What kind of imputation will be used?

The imputation mentioned on page 7 of the manuscript refers to possible missing values in scales. We plan to perform missing value imputation by using mean value imputation and series mean imputation. On page 7, we revised the sentence accordingly.

Page 7 line 61: The presentation of the statistical tests for quantitative analysis is not very specific. You may address it by presenting the specific statistical analysis used to answer every specific research question presented in the introduction part..

Thanks, we agree that the quantitative analyses are not described in great detail as some variables to be examined will only be identified during the exploratory qualitative analysis. Statistical measures will consequently depend on the type of scales used that are yet to be developed. However, we have now linked the statistical tests more closely to the content of the exploratory research questions and have rephrased the sentences on data analysis on page 7.

The ethical consideration paragraph can be shortened to my opinion. Detailed information indeed needs to be presented to a medical ethical committee, but for the presentation in an article, the paragraph can be more compact. [NOTE FROM THE EDITORS: Please feel free to rebut this final comment, the editors are happy for all relevant ethics information to be included in the protocol manuscript]

Thanks for this suggestion. As recommended by the editors, detailed information on ethical considerations remained included in the protocol manuscript.

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